

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

04325

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH

County St. Mary'sCity or town Chaptico
(If outside city or town limits, write RURAL and give nearest town)

Now long in above place of death?

Hospital, institution, or street address where death occurred:

Now long in hospital or institution?

3. (a) FULL NAME

Mary Ella Baker

3. (b) Social Security Number

4. Sex

F

5. Color or race

Caucas

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

William Baker

7. Birth date of deceased (mo., day, yr.)

Oct. 28, 1919

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

67Oct 7

hrs.

min.

9. Birthplace

Maryland
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

FATHER
MOTHER

12. Name

Stephen Bonney

13. Birthplace

Maryland

14. Maiden name

Julia Thomas

15. Birthplace

Maryland

16. Informant

William Baker

Address

Helen Md.

17.

Burial
(Burial, cremation, or removal. Which?)

Date thereof

5/31/47
(month, (day) (year)

Cemetery or crematory

St. John's Cemetery

Location

Maryland

18. Funeral director

Rose E. Welch

Address

Chaptico Md.

19.

5/31
(Date rec'd by registrar)1947Carroll
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH

May 29 1947 at 7:30 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 22 1947 to May 29 1947
and that I last saw her alive on 29 1947

Immediate cause of death

Virus Pneumonia

DURATION

5 days

Due to

Due to

Other conditions

Ch. Myocarditis

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Aloysius A. Welch MD

M. D. or other

Address

Chaptico MdDate signed 5/31/47

RECEIVED

JUN 2 1947

BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

83a

04326

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH:

County St. Mary's
City or town Anneville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County St. Mary's
City or town Anneville
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Mary Ida Beitzell

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
6.(b) Name of husband or wife Charles B. Beitzell
7. Birth date of deceased (mo., day, yr.) June 4, 1880 6.(c) If alive, give age 73 years
8. AGE: Years 66 Months 10 Days 1 If less than one day _____ hrs. _____ min.

9. Birthplace Anne St. Mary's Ind.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name G. J. Cheseldine

13. Birthplace St. Mary's Ind.

14. Maiden name Ann Marie Snodgrass

15. Birthplace St. Mary's Ind.

16. Informant Mrs. Mary Jane Williams

Address Clemente Ind.

17. Buried Date thereof May 7 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery Sacred Heart

Location Baltimore Ind.

18. Funeral director W. B. Snodgrass

Address Concordville Ind.

19. 5/6 47 Clemente
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5 1947 at 5 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 22 1947 to May 5 1947 and that I last saw him alive on May 5 1947

Immediate cause of death Cerebral Hemorrhage

Due to Generalized Arteriosclerosis

Due to _____

Other conditions none

(Include pregnancy within 8 months of death)

Major findings of operations No opening

Antopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Alphius C. Welch M.D.

Address Choptow Ind. Date signed 5/6/47

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MAY 8 1947

BUREAU 6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Give correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 284

1. PLACE OF DEATH:

County St. Marys
 City or town Charlotte Hall
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St. Marys
 City or town Charlotte Hall, Md.
 (If outside city or town limits, write RURAL and give nearest town)

Street No. _____
 (If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (a) FULL NAME

Jean E. Brooks

3. (b) Social Security Number

4. Sex female 5. Color or race colored 6. (a) Single, married, widowed, or divorced single

6. (b) Name of husband or wife _____

7. Birth date of deceased (mo., day, yr.) June 16, 1938 6. (c) If alive, give age _____ years

8. AGE: Years 8 Months 11 Days 18 If less than one day _____ hrs. _____ min.

9. Birthplace Maryland
 (Town, county, and state)

10. Usual occupation none

11. Industry or business _____

FATHER 12. Name James M. Brooks
 13. Birthplace Maryland

MOTHER 14. Maiden name Jane M. Holly
 15. Birthplace Maryland

16. Informant James M. Brooks
 Address Mechanicsville, Md.

17. Burial Burial Date thereof 5/28/47
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory St. Marys
 Location Charlotte Hall, Md.

18. Funeral director P. B. Robinson
 Address Leonardtown, Md.

19. May 27 19 47 Eleanor S. Conity
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26 19 47 at 1:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 23 19 47 to May 26 19 47
 and that I last saw her alive on May 25 19 47

Immediate cause of death Labor pneumonia DURATION week

Due to _____

Due to _____

Other conditions Maenubelian

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Eleanor S. Conity M. D. or other _____

Address Charlotte Hall Date signed 5/27/47

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MAY 29 1947

BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

131a

04328

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH:

County St Marys
 City or town St Marys Md
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2 days
 Hospital, institution, or street address where death occurred:
St Marys Hospital
 How long in hospital or institution? 2 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St Marys
 City or town Paps
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2. (a) If veteran, name war _____

3. (a) FULL NAME

William Francis Burch

3. (b) Social Security Number

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced single
 8. (b) Name of husband or wife _____
 7. Birth date of deceased (mo., day, yr.) May 26 - 1872 6. (c) If alive, give age _____ years
 8. AGE: Years 75 Months _____ Days 4 If less than one day _____ hrs. _____ min.

9. Birthplace St Marys Maryland
(Town, county, and state)10. Usual occupation merchant11. Industry or business same12. Name Francis D Burch13. Birthplace St Marys Co14. Maiden name Eileen Thompson15. Birthplace St Marys Co16. Informant William A. BurchAddress Charlotte Hall Md17. Burial Date thereof June 2, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory St Josephs CemeteryLocation Mount Airy Md18. Funeral director W C Mattingley SonsAddress Leonardtown Md19. May 31 19 47 Registrar Cummins
(Date registered by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29 19 47 at 11:55 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 22 19 47 to May 29 19 47 and that I last saw him alive on May 28 19 47Immediate cause of death Uremia resulting in Cardiac Failure

DURATION

from Pulses more than 5 yearsDue to Chronic interstitial nephritis
6/25/47 age

Due to _____

Other conditions Uremia, secondary to uremia
(2) Congestive Failure (Cardiac)
(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Francis J. Crilley Jr. MD
M. D. or other _____Address Hughesville Md Date signed 5-30-47

MARGIN RESERVED FOR BINDING

VS-A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

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JUN 2 1947

BUREAU V.B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 97

CERTIFICATE OF DEATH

Reg. Dist. No. 04329

1. PLACE OF DEATH:

County St. Mary's
City or town Leonardtown Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 8 days
Hospital, institution, or street address where death occurred St Mary's Hospital
How long in hospital or institution? 8 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County St. Mary's
City or town Mechanicville
(If outside city or town limits, write RURAL and give nearest town)
Street No. R. F. D. # 1
(If rural, give LOCATION)
2. (a) If veteran, name war

3. (a) FULL NAME

John Edward Copsey

3. (b) Social Security Number

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife Emma Copsey

6. (c) If alive, give age 79 years

7. Birth date of deceased (mo., day, yr.) March 11 - 1858

8. AGE: Years 89 Months 2 Days 18 If less than one day hrs. min.

9. Birthplace Mechanicville St. Mary's Md
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

12. Name John Copsey

13. Birthplace St. Mary's Co

14. Maiden name unfurn

15. Birthplace

18. Informant Louis Copsey

Address Mechanicville Md

17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof May 31 - 1947
(month) (day) (year)

Cemetery or crematory St. John's Cemetery

Location Laural Grove Md

18. Funeral director W. C. Mattingly Sons

Address Leonardtown Md

19. May 31 1947 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29 19 47 at 1:40 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 17 to May 29 19 47

and that I last saw him alive on May 28 19 47

Immediate cause of death Cardiac Failure

Underlying causes Generalized arteriosclerosis

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frank A. Cavalieri

Address Leonardtown M. D. or other

Date signed 5/31/47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JUN 2 1947

BUREAU V.S.

Evidence for addition of hour
of death shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

159

04330

HLN No. G 110 MAY 12 1947

CERTIFICATE OF DEATH

Reg. Dist. No. 287

1. PLACE OF DEATH:

County St. Mary's
City or town Leonardtown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

St. Mary's Hosp.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St. Mary's
City or town Beachville, Md.
(If outside city or town limits, write RURAL and give nearest town)

Street No. 2
(If rural, give LOCATION)

2. (a) If veteran, name war

3. (a) FULL NAME

Infant Phillis Louise Hemmick

3. (b) Social Security Number

4. Sex female 5. Color or race Caucas 6. (a) Single, married, widowed, or divorced single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) May 2, 1947

6. (c) If alive, give age years

8. AGE: Years Months Days If less than one day
6 hrs. 5 min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name Theodore G. Hemmick

13. Birthplace Maryland

14. Maiden name Louise B. Butler

15. Birthplace Maryland

16. Informant Theodore G. Hemmick

Address Beachville, Md.

17. Burial (Burial, cremation, or removal, Which?) 5/4/47
Date thereof (month) (day) (year)

Cemetery or crematory St. Peter's

Location Ridge, Md.

18. Funeral director P.B. Robinson

Address Leonardtown, Md.

19. 5/4 47 Cannale
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2 1947, at 7:10 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1947 to 1947

and that I last saw her alive on May 2 1947

Immediate cause of death

Prima Verity

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Robert F. Fuchs M.D.

Address Leonardtown, Md. Date signed 5/2/47

MARGIN RESERVED FOR BINDING

I

9-45-15M

VS AT5

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAY 7 1947

BUREAU 8

04331

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

940

CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH:

County St. Mary's
City or town Rural Ridge
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St. Mary's
City or town Rural Ridge
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Mary Catherine Hammett

3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female White widowed

6. (b) Name of husband or wife

6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.)

Feb. 10 1856

8. AGE:

Years

Months

Days

If less than one day

91419

hrs.

min.

9. Birthplace

Valley Lee Md
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

FATHER
MOTHER

12. Name

John Johnson

13. Birthplace

Unknown

14. Maiden name

Charlotte Rutledge

15. Birthplace

Unknown

16. Informant

Mrs. Mary Joy

Address

Ridge Md

17.

(Burial, cremation, or removal, which?)

Date thereof

June 1947
(month) (day) (year)

Cemetery or crematory

St. Michael's

Location

Ridge Md

18. Funeral director

P.B. Robinson

Address

Leonardtown Md

19.

(Date rec'd by registrar)

5-31-471947P.B. Robinson
Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

May 29 1947 at 4 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

January 1940 to May 29 1947and that I last saw him alive on May 26 1947

Immediate cause of death

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

P.B. Robinson

M. D. or other

Address

Great Mills, MdDate signed May 31/47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 3 1947

BUREAU V S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

161a

04332

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH:

County St. Marys
 City or town US NAS, Patuxent River, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 3 days
 Hospital, institution, or street address where death occurred:
Dispensary, U. S. Naval Air Station,
Patuxent River, Maryland
 How long in hospital or institution? 3 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Charles
 City or town Indian Head, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 34 Elder Place, Potomac Heights
 (If rural, give LOCATION)
 2. (a) If veteran, name war ✓

3. (a) FULL NAME

Michael Robert HARRIS

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife.....
 6. (c) If alive, give age.....years

7. Birth date of deceased (mo., day, yr.) 19 May 1947

8. AGE: Years Months Days If less than one day
3 hrs. min.

9. Birthplace NAS, Patuxent River, St. Marys, Md.
 (Town, county, and state)

10. Usual occupation Newborn

11. Industry or business --

FATHER 12. Name Gordon Robert Harris

13. Birthplace Portland, Oregon

MOTHER 14. Maiden name Betty Louise Southard,

15. Birthplace Portland, Oregon

16. Informant Gordon Robert Harris

Address 34 Elder Place, Potomac Heights,
Indian Head, Md.

17. Burial Date thereof 5/24/47
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Poplar Hill

Location Valley Lee, Md.

18. Funeral director P. B. Robinson

Address Leonardtown

19. 28 19 47
 (Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 22 May 19 47 at 11:25A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 May 19 47 to 22 May 19 47

and that I last saw him alive on 22 May 19 47

Immediate cause of death Atelectasis

Due to Newborn

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations None

Date of op.

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. S. WRAY CDR, MC USN
 M. D. or other

Address NAS, Patuxent River, Md. Date signed 5-22-47

RECEIVED
MAY 26 1947
BUREAU I S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

04333

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH:

County St Mary's
 City or town near Leonardtown Md
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 35 years
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St Mary's
 City or town Holly Wood
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 1907 E. D St
 (If rural, give LOCATION)

2. (a) If veteran, name war

3. (a) FULL NAME

Frank Francis Johnson

3. (b) Social Security Number

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife Rev Fannie Johnson

7. Birth date of deceased (mo., day, yr.) March 12 - 1873

6. (c) If alive, give age 72 years

8. AGE: Years 74 Months 1 Days 22 If less than one day

hrs. min.

9. Birthplace Holly Wood St Mary's Maryland
 (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Farmer

12. Name Willard Johnson

13. Birthplace St Mary's Co

14. Maiden name Marie Thompson

15. Birthplace St Mary's Co

16. Informant Mrs Frank Johnson

Address Holly Wood Md

17. Burial Date thereof May 6 - 1947
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Gallop's Cemetery

Location Leonardtown Md

18. Funeral director W C Mattingly Son

Address Leonardtown Md

19. 3-15-47 Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION 47

20. DATE OF DEATH May 3 1947 at 6:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Mar 19 47 to Apr 19 47

and that I last saw him on Apr 28 47 at 19 47

Immediate cause of death Gibbulation of heart DURATION

Due to Arterial Sclerosis

Due to Myocarditis Chronic

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Maana of injury Injured at work?

23. SIGNATURE FF Greenwell M. D. or other

Address Leonardtown Date signed 5-4-47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctness is especially important. Physicians: please write the causes of death clearly and legibly.

APR 1947

REPORT TO THE DIRECTOR

REPORT TO THE DIRECTOR

REPORT TO THE DIRECTOR

REPORT TO THE DIRECTOR

RECEIVED
MAY 6 1947
FBI

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Give correct age especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

83a

04334

CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH:

County..... St. Mary's
 City or town..... Leonardtown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?.....
 Hospital, institution, or street address where death occurred:
St. Mary's Hosp.
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Md. County..... St. Mary's
 City or town..... Great Mills
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war..... World War II

3. (a) FULL NAME

Paul H. Saxon

3. (b) Social Security Number

213-16-2961

4. Sex..... male 5. Color or race..... Colored 6.(a) Single, married, widowed, or divorced..... married
 6.(b) Name of husband or wife..... Bessie Saxon
 7. Birth date of deceased (mo., day, yr.)..... March 1903
 6.(c) If alive, give age..... years
 8. AGE: Years..... 54 Months..... Days..... If less than one day..... hrs. min.

9. Birthplace..... Maryland
(City, county, and state)10. Usual occupation..... laborer

11. Industry or business.....

12. Name..... Joseph Saxon13. Birthplace..... Maryland14. Maiden name..... Phillis Shorter15. Birthplace..... Maryland16. Informant..... Thomas SaxonAddress..... Great Mills, Md.17. Burial..... Burial Date thereof..... 5-19-47
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory..... Holy FaceLocation..... Great Mills, Md.18. Funeral director..... P.B. RobinsonAddress..... Leonardtown, Md.19. 5-17- 19 47 P. J. Bean, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... 5/15 19 47 at 4 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
May 15 19 47 to May 15 19 47
 and that I last saw him alive on May 15 19 47
 Immediate cause of death.....

DURATION

Cerebral hemorrhage..... 4 hours

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE..... P. J. Bean, M.D. M. D. or otherAddress..... Great Mills, Md. Date signed 5-17-47

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MAY 21 1947

BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

180

04335

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County St. MarysCity or town Ridge
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St. MarysCity or town Ridge
(If outside city or town limits, write RURAL and give nearest town)Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Lillian M. Wheatley

3. (b) Social Security Number

4. Sex

female

5. Color or race

white

6. (a) Single, married, widowed, or divorced

married6. (b) Name of husband or wife ** Raymond C.7. Birth date of deceased (mo., day, yr.) January 20, 19078. AGE: Years Months Days If less than one day
40 hrs. min.9. Birthplace Maryland
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Charles R. Price13. Birthplace MarylandMOTHER 14. Maiden name Martha M. Rayley15. Birthplace Maryland16. Informant Raymond C. WheatleyAddress Ridge, Maryland17. Burial Date thereof 5/25/47
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory TrinityLocation St. Marys City18. Funeral director P.B. RobinsonAddress Leonardtwn, Md.19. 5/25/47 Cavalieri
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23 19 47 at 6:50 M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from wound the deceased on May 23 19 47
and that I last saw h. alive on 19 47Immediate cause of death Conflagration DURATION 5 minsDue to accidental fire

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Accident Date of 5-23-47Where did injury occur? Ridge St Marys Md
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) HomeMeans of injury Runned Injured at work? no23. SIGNATURE Francis F. Greenwell
M. D. or otherAddress Leonardtwn, Md Date signed 5-24-47

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MAY 27 1947

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